

COMMUNITY SERVICES BUREAU
PART C
SUPPLEMENTAL FORM
DIRECT CARE WORKER WAGE INFORMATION

PLEASE COMPLETE FOR ALL WORKERS TYPES

			AS OF JULY 1, 2015						
			A	B	C	D	E		F
	Worker Type		Average Hourly Wage 7/1/2015	Average Benefit* Percent or Amount 7/1/2015	Total Hourly Wage & Benefits 7/1/2015	Number FTE FY 2015	Number Employees 7/1/2015		Average Entry Level Wage
									as of 7/1/2015
				Circle (\$) or (%)					
1	AB CFC/PAS								
2	SD CFC/PAS								
3	HCBS PAS/SDPAS								
4	HM								
5	RESPITE								
6	STA								
	TOTAL								
<div>Provider Name: _____</div> <div>Address: _____</div> <div>Provider Number: _____</div> <div>Contact Person: _____</div>									

INSTRUCTIONS

Column A: Indicate the Average Hourly Wage for each worker type for July 1, 2015
Column B: The Average Benefit percent OR Average amount paid for each worker type
Must use either all percents OR all amounts (dollars) paid for all categories! See Note #2
Column C: Indicate the Total average Wage & Benefits for a worker in this worker type. See Note #3
Column D: Indicate the number of Full Time Equivalents (FTEs) for Fiscal Year 2015 (7/1/14-6/30/15). See Note #1.
Column E: Indicate the number of workers that were employed to perform work under this worker type on July 1, 2015.
Column F: Indicate the Average ENTRY LEVEL WAGE on July 1, 2015.
Total: Indicate the total FTE and total number of UNDUPLICATED workers across all worker types.

NOTES:
1) 1 FTE equals 2080 hours per year.
If 11 employees will provide approximately 10,500 hours of work, the FTE calculation is 10,500/2080 = 5 FTE
2) Benefits are insurance, FICA, pension, workers comp, unemployment, payroll taxes, etc., paid by the employer.
3) To get wage & benefits in column C:
If you used benefit amount (\$) in Col B, add A + B
If you used benefit percent (%) in Col B, multiply Column A x Column B and then add Column A. i.e. (Column A x Column B) + Column A
(If the wage is \$7.50 and the benefits are 36%,
Col C is (7.50 x .36) + 7.5 = \$10.20

Please COMPLETE THIS FORM FOR ALL YOUR WORKER TYPES and
return to the department with your Direct Care Wage Application and Forms on or before August 7, 2015
Return to: Community Services Bureau
DPHHS -SLTC - DIRECT CARE WAGE PROGRAM
PO Box 4210
Helena MT 59604 - 4210